Child And Adult Care Food Program Claiming Percentage Roster Fiscal Year _____

Sponsor Name		<u>CTD #</u>	
Site Name			
List participants qualifying for	meals:		

Name

Loct	First	Oot	Nov	Doo	lon	Feb	Mor	Anr	Mov	lun	Lul	Λιια	Son
Last	FIISL	Oct	INOV	Dec	Jan	reb	Mar	Apr	May	Jun	Jul	Aug	Sep
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